

Focus of Treatment:                  Depression                  Trauma                  Anxiety

**ADMINISTRATIVE INFORMATION**

Client ID

Client Last Name

Client First Name

Provider ID

Name of EBP

**BEGINNING OF TREATMENT INFORMATION**

Therapist ID/Staff Code

Date of First Session

DSV IV Axis I Principle Diagnosis Code (Intake)

**PRE-TREATMENT INFORMATION**

Note: All subscale scores are required to save information in the PEI Outcome Measures Application. Scores for all age-appropriate outcome questionnaires must be entered into the PEI Outcome Measures Application or identified as "Unable to Collect" and a reason must be provided.

Administration Date

	Total Score	If "Unable to Collect", enter number from below
PHQ-9		
GAD-7		
PCL-C		

**Reasons for "Unable to Collect"**

1. Administered Wrong Forms
2. Administration Date Exceeds Acceptable Range
3. Client Refused
4. Client Unavailable
5. Invalid Outcome Measure
6. Not Available in Primary Language